

# The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Office of Emergency Medical Services

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## MEMORANDUM

TO: Ambulance Services  
EMCAB Members  
Fire Departments

FROM: Abdullah Rehayem  
Manager, Ambulance Regulation Program

DATE: December 7, 2004

SUBJ: Proposed Administrative Requirements (A/Rs)-Standards for Medical Equipment and Supplies for the Emergency First Responder services.

In preparation for implementing the regulations relative to the establishment of service zone planning and the establishment of EFR services, attached please find a proposed set of equipment guidelines. The BLS list applies to EFR services at the First Responder level and at the BLS level (for services wishing to utilize EMT-Bs as the EFR personnel). The ALS list is for the EFR services at the Intermediate and Paramedic levels.

The lists were developed based on recommendations by the Legislative and Regulatory subcommittee of EMCAB, and includes OEMS staff recommendations.

We are circulating these proposed A/Rs to ambulance service licensees and other interested parties for review and comment at least 60 days prior to adoption.

Please submit any comments you may have on the attached Provider Comment Form **[on the back of this memo]** to me **by mail** at the OEMS address, **by fax** at 617-753-7320, or **e-mail to [Abdullah.Rehayem@state.ma.us](mailto:Abdullah.Rehayem@state.ma.us)**.

The Provider Comment Form must be returned (mailed, faxed, or e-mailed) by **Friday, February 4, 2005** If you have any questions about this proposal, please contact me at (617) 753-7300.

**Massachusetts Department of Public Health  
Office of Emergency Medical Services**

**Provider Comment Form  
EFR Equipment**

This form may be duplicated as necessary. Each form should include your name and a daytime telephone number, in case there are questions about your comments or suggestions. The comment period ends on **Friday, February 4, 2005.** Completed forms should be mailed, faxed, or e-mailed to:

Massachusetts Department of Public Health  
Office of Emergency Medical Services, Ambulance Regulation Program  
2 Boylston Street, 3<sup>rd</sup> Floor  
Boston, MA 02116  
Fax Number: (617) 753-7320  
E-mail address: [abdullah.rehayem@state.ma.us](mailto:abdullah.rehayem@state.ma.us)

Your Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Service Name: \_\_\_\_\_

Comment/Proposed Modification:

Rationale:

Thank you for your interest in and assistance with this important project.